

**DECLARATION AND POWER OF ATTORNEY
UNDER 35 USC §371(c)(4) FOR
PCT APPLICATION FOR UNITED STATES PATENT**

As a below named inventor, I hereby declare that:
my residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled Use of bacterial extracts from the family Pseudomonadaceae as cosmetic agents

described and claimed in international application number PCT/FR99/02043 filed on August 26, 1999

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed by me or my legal representatives or assigns within one year prior to my international application are hereby claimed:

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411;
Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771;
Mario A. Costantino, Reg. No. 33,565; Stephen J. Roe, Reg. No. 34,463;
Joel S. Armstrong, Reg. No. 36,430; Christopher W. Brown, Reg. No. 38,025; and
Richard E. Rice, Reg. No. 31,560.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Type/Print Full Name of Sole or First Inventor	Richard	Middle Initial	MARTIN
2	Inventor's Signature:	<u>Richard</u>		Family Name <u>Martin</u>
3	Date of Signature:	<u>4</u>	Day	Year <u>2002</u>
	Residence: <u>ROCHECORBON</u>	Month	State or Province	Year <u>FRANCE</u>
	Citizenship: <u>FRENCH</u>	City		Country <u>FR</u>
	Post Office Address: (Insert complete mailing address, including country)	<u>8, Allée du Clos du Pin</u> <u>37210 ROCHECORBON - FRANCE</u>		

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE
(Discard this page in a sole Inventor application)

21 Typewritten Full Name of Joint InventorGiven Name Pascal Middle Initial H Family Name HILAIRE22 Inventor's Signature:Pascal3 Date of Signature:Month 04 Day 05 Year 2002

Residence:

VOUVRAY

City

State or Province

Country FRANCE

Citizenship:

FRENCHFLX

Post Office Address:

(Insert complete mailing address, including country) L'HOMME37210 VOUVRAY - FRANCE1 Typewritten Full Name of Joint InventorGiven Name NathalieFamily Name PINEAU2 Inventor's Signature:Nathalie3 Date of Signature:Month 03 Day 29 Year 2002

Residence:

POITIERS

City

State or Province

Country FRANCE

Citizenship:

FRENCHFLX

Post Office Address:

(Insert complete mailing address, including country) Résidence des jardins du Clain, 19 rue du Bas des Sables86000 POITIERS - FRANCE1 Typewritten Full Name of Joint InventorGiven Name LionelFamily Name BRETON2 Inventor's Signature:Lionel Breton3 Date of Signature:Month 03 Day 28 Year 2002

Residence:

VERSAILLES

City

State or Province

Country FRANCE

Citizenship:

FRENCHFLX

Post Office Address:

(Insert complete mailing address, including country) 14, rue de Satory78000 VERSAILLES - FRANCE1 Typewritten Full Name of Joint Inventor

Given Name

Middle Initial

Family Name

2 Inventor's Signature:

Month

Day

Year

3 Date of Signature:

City

State or Province

Country

Residence:

Citizenship:

Post Office Address:

(Insert complete mailing address, including country)

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.